

STATE OF CONNECTICUT, DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL
STUDENT APPLICATION, MEDICAL HISTORY AND TUITION AGREEMENT FORM

Student Information

Name_____ Date of birth _____ Age _____
 Address _____ City _____ State ____ Zip _____
 Telephone _____ E-mail: _____
 Ethnicity _____ ☐ Male ☐ Female

Parent/Legal Guardian Information

Name _____ Relationship _____
 Address _____ City _____ State ____ Zip _____
 Daytime Phone _____ Evening Phone _____
 Cell Phone or Pager: _____ E-mail: _____

Emergency Notification if Legal Guardian is Unavailable

Name _____ Relationship _____ Phone _____
 Cell/pager _____
 Name _____ Relationship _____ Phone _____
 Cell/pager _____

Referral Information

Referring Agent _____ Agency _____ E-mail: _____
 Address _____ City _____ State ____ Zip _____
 Day Phone _____ After Hours Phone _____ Cell Phone/Pager _____

Is another Agency involved in this referral: ☐ Yes ☐ No. If yes, please indicate the information below.

Referring Agent _____ Agency _____ E-mail: _____
 Address _____ City _____ State ____ Zip _____
 Day Phone _____ After Hours Phone _____ Cell Phone/Pager _____

Enrollment: Please check first and second choices for enrollment requests. Space will be reserved on receipt of the Student Application, Medical History and Tuition Agreement Form. Families and Agencies will be contacted on receipt of this information. Confirmation of enrollment will occur as stated in the attached Tuition Agreement.

- ☐ Course 2006-20-01 (Thursday, June 29 – Tuesday, July 18, 2006) ☐ Course 2006-20-02 (Thursday, July 27 – Tuesday, August 15, 2006)
☐ Contract Course, 2006-05-01 (Thurs., June 29 – Mon., July 3, 2006) ☐ Alumni Course, 2006-12-02 (Friday, June 30 – Tuesday, July 11)
☐ Boys Open Enrollment, 2006-05-03 (Mon., July 10 – Fri., July 14) ☐ Girls Open Enrollment, 2006-05-04 (Fri., July 28 – Tues., Aug. 1)
☐ Independent Living, 2006-05-05 (Monday, Aug. 8 – Friday, Aug 12, 2006)

Medical History Information (to be completed by student and parent/guardian)

Applicant Name _____ Person completing this form _____

Name of primary Physician _____ Phone: _____

Other Physician/Psychiatrist/Specialist whom the applicant sees: _____

Phone: _____ Reason for visits: _____

The Wilderness School operates 20-Day Expeditions in remote environments in all types of weather. The 20-Day Expedition is physically and mentally demanding. All participants must be free of all medical or physical conditions that might create undue risk to themselves or others who depend upon them. Please read the program description and then place a check next to any of the following conditions that you have had or may now have, then give details in the space provided.

1. ☐ Any problems with vision or hearing – require glasses, contact lenses, hearing aid: _____
2. ☐ Chronic skin problems - rash, infection: _____
3. ☐ Frequent infection of throat, tonsils, sinuses, ear: _____
4. ☐ Chronic cough, bronchitis, bloody sputum, pneumonia: _____
5. ☐ Dizzy spells, fainting, persistent headaches, migraines: _____
6. ☐ Epilepsy, convulsions: _____
7. ☐ Thyroid trouble: _____
8. ☐ Palpitation of the heart, irregular heartbeat, heart murmurs: _____
9. ☐ Any severe injury to head, chest, internal organs: _____
10. ☐ Hernia: _____
11. ☐ Diabetes: _____
12. ☐ Kidney infection or stones: _____
13. ☐ Jaundice, hepatitis, TB, meningitis or encephalitis: _____
14. ☐ Frequent diarrhea, constipation, abdominal cramps or severe menstrual cramps: _____
15. ☐ Broken bones, joint dislocations, serious sprains: _____
16. ☐ Arthritis: _____
17. ☐ Hemophilia, other bleeding problems: _____
18. ☐ Reaction to extremes of temperature – frostbite, heat exhaustion: _____
19. ☐ Morbid Obesity - carrying an unhealthy amount of weight: _____

Medical History Information (to be completed by student and parent/guardian) continued:

Applicant Name _____

Please answer the following questions completely and specifically by describing the problem and indicate if the condition exists now. Write "none" if no condition exists.

1. Are you currently taking any medication? ☐ yes ☐ no. If yes, please give detailed information below.

Medication	Dose	Time(s) to administer	Side effects, contraindications	Reason for medication

All medication must be brought to the Wilderness School in the original container with the student's name, type of medication, dosage, and doctor's name printed on the container. Doctor's orders are required for each medication and may be provided on the Physician's Medical Examination form. Please turn all medication over to Wilderness School staff at the check-in table on the first day of the 20-Day Expedition.

2. Are you allergic to **any** medications (i.e. penicillin, aspirin, sulfa), foods (i.e. milk, peanuts, shellfish, cinnamon), insect bites (i.e. wasps, bees, spiders) or other substances (i.e. dust, ragweed)? If yes, please give details, triggers, and date of last reaction, severity of last reaction, and any treatment given. _____

3. Have you had or do you have asthma? ☐ yes ☐ no. Please describe the severity; indicate triggers and any current medications. _____

* Students with diagnoses of Asthma are required to bring all prescribed inhalers as well as one unused back-up inhaler for each prescription.

4. Have you ever had any problems with your knees or feet? _____

5. Have you ever had any problems with your back, scoliosis or curvature of the spine, or worn a back brace? _____

6. Have you suffered any recent illness, injury or trauma (i.e. car accident, appendicitis)? Please give dates and details. _____

7. Do you have any special dietary restrictions? If yes, give details. _____

8. Are you addicted to alcohol, illicit drugs, or nicotine? If yes, please indicate what chemical and current use pattern. _____

9. Is there any additional medical information you believe should be reported? _____

Tuition Agreement

This agreement is between the State Of Connecticut Department Of Children & Families/Wilderness School And the Referring Agency and/or Family:

Tuition Information

Applicant's Name _____

Referring Agency _____

Legal Guardian Name _____

Agency Address _____

Guardian Address _____

City, State _____ Zip _____

City, State _____ Zip _____

Referring Agent Name _____

Relationship _____

Funding Agency (if different) _____

Will the applicant be making a scholarship request?

Funding Agency Address _____

☐ Yes ☐ No Amount of Request _____

City, State _____ Zip _____

Funding Agency Contact _____

Indicate source(s) of tuition below: Total = \$2,000.00 for 20-day Expeditions, \$1,200.00 for 12-day Alumni Expedition and \$600.00 for 5-day Expeditions.

☐ Agency Pay Amount: \$ _____☐ Family Pay Amount: \$ _____☐ Scholarship Amount: \$ _____☐ Other Amount: \$ _____**Tuition Policy**

1. The tuition fee of the Wilderness School 20-day Expedition is \$2,000.00. This fee includes all phases of the Orientation, 20-Day Expedition, and Follow-Up Program.
2. The Tuition fee of all Wilderness School 5-day Expeditions is \$600.00. This fee includes all phases of the Orientation, 5-Day Expedition, and Follow-Up Program as detailed in the Referring Agency Handbook.
3. The tuition fee of the Wilderness School 12-day Alumni Expedition is \$1,200.00. This fee includes all phases of the Orientation, 12-Day Expedition, and Follow-Up Program as detailed in the Referring Agency Handbook.
4. All tuition payments by private parties other than Referring Agencies (i.e. family payments) must be made in full ten days prior to an applicant attending a Wilderness School course.
5. All tuition payments by private parties other than Referring Agencies must be made with a **bank check or money order only. No personal checks or cash may be accepted.**
5. Bank checks or money orders must be made payable to: DCF/Wilderness School. Tuition payments may only be collected by the Wilderness School Director or Assistant Director.
6. Refund Policies:
 - a. Agencies will receive a full refund if cancellation occurs prior to ten (10) days from the Expedition course starting date.
 - b. If cancellations occur within ten (10) days of the starting date and course space can be filled, you will receive a full refund.
 - c. If cancellations occur within ten (10) days of the course start and course space cannot be filled, you will receive **no refund.**
 - d. If a student leaves a course within the first three (3) days for medical reasons, one-half of the tuition will be refunded. After three (3) days, there will be **no refund.**
 - e. If a student leaves the course for non-medical reasons, there will be **no refund.**

Confirmation of Enrollment: Enrollment will be confirmed upon receipt of a signed Tuition Agreement and payment in full ten days prior to the beginning of the Expedition for any full or partial family payments.

Tuition Agreement: The Wilderness School, a program of the State of Connecticut, Department of Children & Families, will provide services **as listed in the Referring Agency Handbook.** Wilderness School expeditions may include backpacking, hiking, rock climbing and rappelling, canoeing, a solo, a day of service, an 8.5 mile marathon, the high ropes course, problem solving tasks, group discussions, graduation ceremonies, and follow-up activities. Please refer to the Referring Agency Handbook. Tuition Agreement is valid for 1 year from date. Make duplicate copies for multiple parties making payments.

I fully understand and will abide by the tuition policy of the Wilderness School.

Signature of Party Responsible for Tuition Payment_____
Date